DRINKER BIDDLE & REATH LLP

A Delaware Limited Liability Partnership
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Philadelphia, Pennsylvania 19103
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David B. Aaronson (DA 8387)

Attorneys for Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; and Southeastern Pennsylvania Transportation Authority

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY (CAMDEN VICINAGE)

In re:

Shapes/Arch Holdings L.L.C., Shapes L.L.C., Delair L.L.C., Accu-Weld L.L.C., and Ultra L.L.C.

Debtors

(Hon. Gloria M. Burns)

Chapter 11

Lead Case No. 08-14631 (GMB) (Jointly Administered)

NOTICE OF WITHDRAWAL OF PROOFS OF CLAIM

Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; and Southeastern Pennsylvania Transportation Authority hereby withdraw the attached proofs of claim filed in the above-captioned bankruptcy case.

Respectfully submitted,

Dated: July 22, 2008

By: /s/ David B. Aaronson

David B. Aaronson

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM			
Name of Debtor: Accu-Weld LLC	Case Number: 08-14635			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority	Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent: Deborah L. Shuff, Esq.	Court Claim Number:			
Drinker Biddle & Reath LLP One Logan Square, 18th & Cherry Sts.	Filed on:			
Philadelphia, PA 19103 Telephone Number: 215.988.2505				
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
. Telephone number:	☐ Check this box if you are the debtor or trustee in this case.			
1. Amount of Claim as of Date Case Filed: \$77.871,002.43	5. Amount of Claim Entitled to Priority under			
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.			
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim.			
2. Basis for Claim: Environmental liability. See Attached Complaint.	☐ Domestic support obligations under II U.S.C. §507(a)(1)(A) or (a)(1)(B).			
3. Last four digits of any number by which creditor identifies debtor:	☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's			
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	business, whichever is earlier ~ 11 U.S.C. §507 (a)(4).			
4. Secured Claim (See instruction #4 on reverse side.)	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).			
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	Up to \$2,425* of deposits toward purchase, lease, or rental of property			
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).			
Value of Property: S Annual Interest Rate %	Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).			
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:	Other - Specify applicable paragraph of 11 U.S.C§507 (a)().			
Amount of Secured Claim: \$ Amount of Unsecured: \$				
6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any documpurchase orders, invoices, itemized statements or rur	Amount entitled to priority			
purclase orders, invoices, itemized statements of full security agreements. You may also attach a summary of perfection of a security interest. You may also att: side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTA SCANNING.	*Amounts are subject to adjustment on 4/1/10 and every 3 years the reafter with respect to cases commenced on or after the date of adjustment.			
If the documents are not available, please explain:	FILED / RECEIVED			
Date: May 12, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if are the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if	:			
Deborah L. Shuff; attorney for Claimants	EDIO DANVOIDTOV COLUTIONS LLO			
	EPIO RANKRUPTCY SOLUTIONS, LLC			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM		
Name of Debtor: Delair LLC	Casé Nun	nber: 08-14634		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Scars Holding Management Corp.; Southeastern Pennsylvania Transportation Authority Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505	am	eck this box to indicate that this claim ends a previously filed claim. aim Number:		
Name and address where payment should be sent (if different from above):	else had els	this box if you are the debtor		
Telephone number:	or trus	stee in this case.		
1. Amount of Claim as of Date Case Filed: \$77,871,002.43 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	11 U.; claim check	unt of Claim Entitled to Priority under S.C. §507(a). If any portion of your falls in one of the following categories, the box and state the amount.		
2. Basis for Claim: Environmental liability. See Attached Complaint.		tic support obligations under		
		.C. §507(a)(1)(A) or (a)(1)(B).		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	earned bankru	, salaries, or commissions (up to \$10,950*) within 180 days before filing of the aptcy petition or cessation of the debtor's ss, whichever is earlier—11 U.S.C. §507		
4. Secured Claim (See instruction #4 on reverse side.)		butions to an employee benefit		
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	purcha or serv	\$2,425* of deposits toward se, lease, or rental of property ices for personal, family, or household use S.C. §507 (a)(7).		
Value of Property:\$ Annual Interest Rate %		or penalties owed to governmental units – .C. §507(a)(8).		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:		- Specify applicable paragraph J.S.C. §507 (a)().		
Amount of Secured Claim: S Amount of Unsecured: \$		A mount entitled to priority		
claim. 7. Documents: Attach redacted copies of any docus purchase orders, invoices, itemized statements or ru security agreements. You may also attach a summal of perfection of a security interest. You may also at side.) DO NOT SEND ORIGINAL DOCUMENTS. ATT	years thereo the date of o	Amount entitled to priority are subject to adjustment on 4/1/10 and every 3 after with respect to cases commenced on or after adjustment.		
Date: May 6 2008 Signature: The person fifing this claim must sign it. Sign and print name and title, if an	y, of	POR GOVRT USE ONLY LU		
the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if which is the copy of power of attorney and the copy of power of attorney for Claimants		MAY 15 2008		
		RAMESTROITY CALITIONS ITC		

UNITED STATE	S BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM	
Name of Debtor: Sh	apes LLC	Case Number: 08-14632	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Dennison; Borden F Sears Holding Mana	eath LLP 18 th & Cherry Sts. 103	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:	
Name and address w	there payment should be sent (if different from above):	☐ Check this box if you are aware that anyone	
Telephone number:		else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim	as of Date Case Filed: \$77.871.002.43	5. Amount of Claim Entitled to Priority under	
not complete item 4. If all or part of your Check this box	claim is secured, complete item 4 below, however, if all of your claim is unsecured, do claim is entitled to priority, complete item 5. if claim includes interest or other charges in addition to the principal amount of claim. I statement of interest or charges.	11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.	
2. Basis for Claim: Er	nvironmental liability. See Attached Complaint.	□ Domestic support obligations under	
		11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
3a. Debtor may hav	re scheduled account as: #3a on reverse side.)	■ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).	
4. Secured Claim (Sec	e instruction #4 on reverse side.)	Contributions to an employee benefit	
requested information.	box if your claim is secured by a lien on property or a right of setoff and provide the right of setoff: Real Estate Motor Vehicle Other	plan – 11 U.S.C. §507 (a)(5). ☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).	
Value of Property:\$	Annual Interest Rate %	☐ Taxes or penalties owed to governmental units – I1 U.S.C. §507(a)(8).	
Amount of arrearage	and other charges as of time case filed included in secured claim, Basis for perfection:	Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().	
Amount of Secured C	laim: \$ Amount of Unsecured: \$		
claim. 7. Documents: Attach purchase orders, invoic security agreements. Y of perfection of a securide.)	redacted copies of any docui res, itemized statements or n ou may also attach a summa rity interest. You may also at GINAL DOCUMENTS. ATT.	*Amount entitled to priority *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on ar after the date of adjustment.	
If the documents are no	ot available, please explain:	רוו רח / הפתפונורם	
Date: May 2 2008	Signature: The person filing this claim must sign it. Sign and print name and title, if an the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if		
	Deborah L. Shuff, attorney for Claimants		
Panaltu fa	r presenting fraudulent claim; Fine of up to \$500,000 or imprisonment for up to 5 years.	or hour LEFFICE BOOK 15 FILE SAILUTIONS, LLC	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM	
Name of Debtor: Shapes/Arch Holdings LLC	Case Number: 08-14631	
NOTE: This form should not be used to make a claim for an administrative expense arising after the co		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:	
Name and address where payment should be sent (if different from above): Telephone number:	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$77.871.002.43	5. Amount of Claim Entitled to Priority under	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim.	11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
Attach itemized statement of interest or charges.	Specify the priority of the claim.	
2. Basis for Claim: Environmental liability. See Attached Complaint.	☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).	
4. Secured Claim (See instruction #4 on reverse side.)	Contributions to an employee benefit	
Check the appropriate box if your claim is secured by a lien on property or a right of sctoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	plan - 11 U.S.C. §507 (a)(5). Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
Value of Property:\$ Annual Interest Rate %	☐ Taxes or penalties owed to governmental units — 11 U.S.C. §507(a)(8).	
Amount of arrearage and other charges as of time case filed included in secured claim,	☐ Other – Specify applicable paragraph	
if any: \$ Basis for perfection:	of 11 U.S.C. §507 (a)().	
Amount of Secured Claim: \$ Amount of Unsecured: \$		
6. Credits: The amount of all payments on this clast claim. 7. Documents: Attach redacted copies of any docupurchase orders, invoices, itemized statements or respectively.	Amount entitled to priority \$	
security agreements. You may also attach a summi of perfection of a security interest. You may also a side.) DO NOT SEND ORIGINAL DOCUMENTS. AT1	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
If the documents are not available, please explain:	FILED / RECEIVED	
Date: May 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if at the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if	e	
Deborah L. Shuff, attorney for Claimants	EPIQ BANKRUPTCY SOLUTIONS, LLC	

Case 08-14631-GMB Doc 550 Filed 07/22/08 Entered 07/22/08 09:17:14 Desc Main

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UNITED STATE	S BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Uli	tra LLC	Case Nu	mber: 08-14633
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Dennison; Borden Forears Holding Mana		an Court C (If known	
One Logan Square, Philadelphia, PA 19 Telephone Number:	18th & Cherry Sts. 103	Filed on:	·
Name and address w	there payment should be sent (if different from above):	else l claim	k this box if you are aware that anyone has filed a proof of claim relating to your n. Attach copy of statement giving culars.
Telephone number:			k this box if you are the debtor ustee in this case.
If all or part of your not complete item 4. If all or part of your	claim is entitled to priority, complete item 5.	11 U clain chec	ount of Claim Entitled to Priority under J.S.C. §507(a). If any portion of your in falls in one of the following categories, k the box and state the amount.
Check this box Attach itemized	if claim includes interest or other charges in addition to the principal amount of claim. I statement of interest or charges.	I	he priority of the claim
2. Basis for Claim: En	vironmental liability. <u>See</u> Attached Complaint.		estic support obligations under S.C. §507(a)(1)(A) or (a)(1)(B).
3a. Debtor may hav	e scheduled account as: #3a on reverse side.)	earned bankr	s, salaries, or commissions (up to \$10,950*) d within 180 days before filing of the uptcy petition or cessation of the debtor's ess, whichever is earlier – 11 U.S.C. §507
	e instruction #4 on reverse side.) box if your claim is secured by a lien on property or a right of setoff and provide the	plan – ☐ Up to	ibutions to an employee benefit - 11 U.S.C. §507 (a)(5). \$2,425* of deposits toward
	right of setoff: Real Estate Motor Vehicle Other	or ser	ase, lease, or rental of property vices for personal, family, or household use J.S.C. §507 (a)(7).
Value of Property:\$	Annual Interest Rate%		or penalties owed to governmental units S.C. §507(a)(8).
Amount of arrearage if any: \$	and other charges as of time case filed included in secured claim, Basis for perfection:		– Specify applicable paragraph U.S.C. §507 (a)().
Amount of Secured C			Amount entitled to priority
claim. 7. Documents: Attach purchase orders, invoic security agreements. Y of perfection of a secur side.)	redacted copies of any docum ses, itemized statements or run ou may also attach a summan, ity interest. You may also atta INAL DOCUMENTS. ATTACHED	years there	are subject to adjustment on 4/1/10 and every 3 eafter with respect to cases commenced on or after adjustment.
If the documents are no	ot available, please explain:		FUSA / Procusa
Date: May <u>£3</u> 2008	Signature: The person filing this claim must sign it. Sign and print name and title, it the creditor or other person authorized to file this claim and state address and teleph number if different from the notice address above. Attach copy of power of attorney	one	MAY 15 2008
	Deborah L. Shuff, attorney for Claimants		DIO DALIVE UDITOU COLUTIONE ALCO
Penalty for	presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 year	rs. or both. 18	U.S.C. 86 152 and 3571

UNITED STATE	ES BANKRUPTCY COURT DISTRICT OF N	EW JERSEY		PROOF OF CLAIM
Name of Debtor: Ac	cu-Weld LLC		Case Nu	mber: 08-14635
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Co.	ne person or other entity to whom the debtor owes money of	or property): The Glidden	am	eck this box to indicate that this claim ends a previously filed claim. laim Number:
Deborah L. Shuff, E Drinker Biddle & R One Logan Square,	eath LLP 18th & Cherry Sts.		(If known	
Philadelphia, PA 19 Telephone Number:				
Name and address w	there payment should be sent (if different from above):		else h claim	k this box if you are aware that anyone las filed a proof of claim relating to your a. Attach copy of statement giving culars.
Telephone number:				k this box if you are the debtor stee in this case.
I Amount of Claim	as of Date Case Filed: Unliquidated		5. Amo	unt of Claim Entitled to Priority under
If all or part of your not complete item 4.	claim is secured, complete item 4 below; however, if all of		11 U. clain	S.C. §507(a). If any portion of your of some of the following categories, k the box and state the amount.
Check this box Attach itemized	claim is entitled to priority, complete item 5, if claim includes interest or other charges in addition to the statement of interest or charges.	e principal amount of claim.	Specify th	he priority of the claim.
2. Basis for Claim: Pr —	oposed class action. See Attached Complaint.			stic support obligations under S.C. §507(a)(1)(A) or (a)(1)(B).
	any number by which creditor identifies debtor:		earned bankn	s, salaries, or commissions (up to \$10,950*) I within 180 days before filing of the aptcy petition or cessation of the debtor's
(See instruction	#3a on reverse side.)		busine (a)(4).	ess, whichever is earlier – 11 U.S.C. §507
•	e instruction #4 on reverse side.)	t of acts ff and appuids the		butions to an employee benefit 11 U.S.C. §507 (a)(5).
requested information.	box if your claim is secured by a lien on property or a right of setoff: Real Estate Motor Vehicle	•	purch: or serv	\$2,425* of deposits toward ase, lease, or rental of property rices for personal, family, or household use J.S.C. §507 (a)(7).
Value of Property:\$_	Annual Interest Rate%		Taxes	or penalties owed to governmental units – i.C. §507(a)(8).
Amount of arrearage if any: \$	and other charges as of time case filed included in secu Basis for perfection:	red claim,		- Specify applicable paragraph J.S.C. §507 (a)().
Amount of Secured C		d: \$		
claim. 7. Documents: Attach purchase orders, invoice	redacted copies of any docun ees, itemized statements or rul Filed: USBC - District of Shapes/Arch Hold 08-14631	ings L.L.C., Et Al.	\$	Amount entitled to priority
of perfection of a secur side.) DO NOT SEND ORIG	ou may also attach a summar rity interest. You may also att		years there	are subject to adjustment on 1/1/10 and every 3 after with respect to cases commenced on or after adjustment.
SCANNING. If the documents are no	ot available, please explain:			FILED / RECEIVED
Date: May 💆 2008	Signature: The person filing this claim must sign it. Sign the creditor or other person authorized to file this claim number if different from the notice address above. Attack Demands & Williams & W	and state address and telephone		MAY 15 2008
	Deborah L. Shuff, attorney for Claimants			FPIO RANKEUPTCY SOLUTIONS 11 C
	r presenting fraudulant claim: Fine of up to \$500,000 or in			

Document Page 8 (
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM
Name of Debtor: Delair LLC	Case Number: 08-14634
NOTE: This form should not be used to make a claim for an administrative expense arising administrative expense may be filed pursual.	
Name of Creditor (the person or other entity to whom the debtor owes money or property): The G Co.	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Deborah L. Shuff, Esq.	Court Claim Number:
Drinker Biddle & Reath LLP	Filed on:
One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505	
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyone
	else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:	Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u>	5. Amount of Claim Entitled to Priority under
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsenot complete item 4.	ecured, do 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount Attach itemized statement of interest or charges.	of claim. Specify the priority of the claim.
2. Basis for Claim: Proposed Class Action. See Attached Complaint.	☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor:	☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the
3a. Debtor may have scheduled account as:	bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507
(See instruction #3a on reverse side.)	(a)(4).
Secured Claim (See instruction #4 on reverse side.)	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and prov equested information.	vide the ☐ Up to \$2,425* of deposits toward
Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
/alue of Property:\$ Annual Interest Rate %	☐ Taxes or penalties owed to governmental units — II U.S.C. §507(a)(8).
Amount of arrearage and other charges as of time case filed included in secured claim, f any: \$ Basis for perfection:	Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().
Amount of Secured Claim: \$ Amount of Unsecured: \$	·
b. Credits: The amount of all payments on this clai Filed: USBC - District of New Jersey - Camden	Amount entitled to priority
/. Documents: Attach redacted copies of any docu	\$
oscial (GMB) 0000 output agreements. You may also attach a summa 08-14631 (GMB) 0000	0000624 e
ide.) ON NOT SEND ORIGINAL DOCUMENTS. ATT	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereofter with respect to cases commenced on or after the date of adjustment.
CANNING.	:
f the documents are not available, please explain:	FIFT / PECEWED

Deborah L. Shuff, attorney for Claimants

MAY 15 2008

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. 88 152 and 3571.

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM		
Name of Debtor: Shapes LLC	Case Number: 08-14632		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co.	Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: Deborah L. Shuff, Esq.	Court Claim Number:		
Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts.	Filed on:		
Philadelphia, PA 19103 Telephone Number: 215.988.2505			
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Telephone number:	☐ Check this box if you are the debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed: Unliquidated	5. Amount of Claim Entitled to Priority under		
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.		
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim		
2. Basis for Claim: Proposed class action. See Attached Complaint.	Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:	☐ Wages, salaries, or commissions (up to \$10,950.950.950.950.950.950.950.950.950.950.		
(See instruction #3a on reverse side.)	(a)(4).		
4. Secured Claim (See instruction #4 on reverse side.)	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).		
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).		
Value of Property:S Annual Interest Rate %	☐ Taxes or penalties owed to governmental units — 11 U.S.C. §507(a)(8).		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:	Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().		
Amount of Secured Claim: \$ Amount of Unsecured: \$	·		
6. Credits: The amount of all payments on this clair claim. 7. Description Attach reducted copies of any door. Shapes/Arch Holdings L.L.C., Et Al.	Amount entitled to priority \$		
7. Documents: Attach redacted copies of any documents or number of perfection of a security interest. You may also attach a summation of perfection of a security interest. You may also at side.) DO NOT SEND ORIGINAL DOCUMENTS. ATT.	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on ar after the date of adjustment.		
If the documents are not available, please explain:	Ell ED / BECEIVED		
Signature: The person filing this claim must sign it. Sign and print name and title, if are the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if			
Deborah L. Shuff, attorney for Claimants			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or	or both. 18 U.S.C. \$8 152 and 3571		

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	PROOF OF CLAIM		
Name of Debtor: Shapes/Arch Holdings LLC	Case Number: 08-14631		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co.	Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: Deborah L. Shuff, Esq.	Court Claim Number:		
Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts.	Filed on:		
Philadelphia, PA 19103 Telephone Number: 215.988.2505			
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Telephone number:	Check this box if you are the debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed: Unliquidated	5. Amount of Claim Entitled to Priority under		
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	It U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.		
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim		
2. Basis for Claim: Proposed class action. See Attached Complaint.	☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier − 11 U.S.C. §507 (a)(4).		
4. Secured Claim (See instruction #4 on reverse side.)	☐ Contributions to an employee benefit		
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the	plan = 11 U.S.C. §507 (a)(5). ☐ Up to \$2,425* of deposits toward		
requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).		
Value of Property: S Annual Interest Rate %	Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: S Basis for perfection:	Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().		
Amount of Secured Claim: \$ Amount of Unsecured: \$			
6. Credits: The amount of all payments on this classical claim. Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al.	Amount entitled to priority \$		
purchase orders, invoices, itemized statements or			
security agreements. You may also attach a summ of perfection of a security interest. You may also side.) DO NOT SEND ORIGINAL DOCUMENTS. AT ACCUMENTS. AT SCANNING:	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereofter with respect to cases commenced on or after the date of adjustment.		
If the documents are not available, please explain:	CHED / RECEIVED		
Signature: The person filing this claim must sign it. Sign and print name and title, if a	ny, of Pok eoury use oncy		
Date: May 13 2008 the creditor or other person authorized to file this claim and state address and telephon number if different from the notice address above. Attach copy of power of attorney, if			
Deborah L. Shuff, attorney for Claimants			
Panalty for proceeding frequency claims. Fine of up to \$500,000 or imprisonment for up to \$ 100000	L. LO PRIO BANSSIPPLE SULUTIONS, LLC		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM	
Name of Debtor: Ultra LLC	Case Nu	mber: 08-14633	
NOTE: This form should not be used to make a claim for an administrative expense arising after the coadministrative expense may be filed pursuant to 11 U		nt of the case. A request for payment of an	
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co. Name and address where notices should be sent: Deborah L. Shuff, Esq.	Cl Cl	neck this box to indicate that this claim nends a previously filed claim. laim Number:	
Deboran C. Shun, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505	Filed on:		
Name and address where payment should be sent (if different from above):	else l claim	ck this box if you are aware that anyone has filed a proof of claim relating to your n. Attach copy of statement giving culars.	
Telephone number:		k this box if you are the debtor ustee in this case.	
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u>		ount of Claim Entitled to Priority under	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	clain	I.S.C. §507(a). If any portion of your n falls in one of the following categories, is the box and state the amount.	
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify t	he priority of the claim.	
2. Basis for Claim: Proposed class action. See Attached Complaint.		estic support obligations under S.C. §507(a)(1)(A) or (a)(1)(B).	
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:	earne bankr	s, salaries, or commissions (up to \$10,950*) d within 180 days before filing of the uptcy petition or cessation of the debtor's ess, whichever is earlier – 11 U.S.C. \$507	
(See instruction #3a on reverse side.)	(a)(4)	•	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the		ibutions to an employee benefit - 11 U.S.C. §507 (a)(5).	
requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:	Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use − 11 U.S.C. §507 (a)(7).		
Value of Property: \$ Annual Interest Rate %		or penalties owed to governmental units – S.C. §507(a)(8).	
Amount of arrearage and other charges as of time case filed included in secured claim,	☐ Other	- Specify applicable paragraph	
if any: \$ Basis for perfection:	0111	U.S.C. §507 (a)().	
Amount of Secured Claim: \$ Amount of Unsecured: \$			
6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any docum purchase orders, invoices, itemized statements or run security agreements. You may also attach a summary	\$	Amount entitled to priority	
of perfection of a security interest. You may also atta side.) DO NOT SEND ORIGINAL DOCUMENTS, ATTACASS SECURITY SECURI	years there	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
SCANNING. If the documents are not available, please explain:		FILED / RECEIVED	
Date: May B, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if a the creditor or other person authorized to file this claim and state address and telephon number if different from the notice address above. Attach copy of power of attorney, it	e	MAY 1 5 2008	
Deborah L. Shuff, attorney for Claimants		EPIO RANKRUPTCY SOLUTIONS, LLC	